*Recipient Committee	T		COVER PAGE
Campaign Statement	Type or print in	ink. Date Samo	CALIFORNIA 460
Cover Page		18. II 10 10	2001/02
(Government Code Sections 84200-84216.5)		2004	FORM
	Statement covers period	Date of election if applicable: 6 0 3 2004	Page 1 of 13
	from01/01/2004	(Month, Day, Year) REUIS ITHIT UT VUIE	RS Page 1 of 13
		REGISTRAN OF VOI	Deputy For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through 06/30/2004	03/05/200 By	1 (G(O)PY 1
1. Type of Recipient Committee: All Committees - Co	mplete Parts 1, 2, 3, and 4.	2. Type of Statement:	
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	E	☐ Preelection Statement ☐ Semi-annual Statement ☐ Termination Statement	Quarterly Statement Special Odd-Year Report Supplemental Preelection Statement - Attach Form 495
3. Committee Information	D. NUMBER	-	
	970780	Treasurer(s)	
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)		NAME OF TREASURER	
Anthony Rackauckas for District Attorney		Betty Presley	
		MAILING ADDRESS	
STREET ADDRESS (NO P.O. BOX)			
		CITY STATE	ZIP CODE AREA CODE/PHONE
CITY STATE ZIP CO	DE AREA CODE/PHONE	NAME OF ASSISTANT TREASURER, IF ANY	
	The state of the s	MANUE OF ASSISTANT TREASURER, IF ANY	
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. B	ox	MAILING ADDRESS	
		WWW. Control	
CITY STATE ZIP CO	DE AREA CODE/PHONE	CITY STATE	ZIP CODE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL FAY / F MAIL APPRECA	
		OPTIONAL: FAX / E-MAIL ADDRESS	
4. Verification			
I have used all reasonable diligence in preparing and review certify under penalty of perjury under the laws of the State of	ng this statement and to the best of my of California that the foregoing is true a	knowledge the information contained herein and in the at	tached schedules is true and complete. I
7-15 04	121	T. To	
Executed on Date	By Ull	Signature of Treasurer Constitution Treasurer	· · · · · · · · · · · · · · · · · · ·
Executed on 1 / 20 / 04	By X Tons	KM kangka	
Laur	Signatura or Con	trolling Officerrorder, Candidate, State Measure Proponent or Responsible Officer of	Sponsor
Executed onDate	Ву	Signature of Controlling Officeholder, Candidate, State Measure Proponent	
Executed on			
www.netfile.com	Ву	Signature of Controlling Officeholder, Candidate, State Measure Proponent	FPPC Form 460 (June/01) FPPC Toll-Free Helpline: 866/ASK-FPPC
			State of California

Recipient Committee Campaign Statement Cover Page — Part 2 CALIFORNIA 460

Page 2 of 13

AME OF OFFICEHOLDER OR CANDIDATE		NAME OF F	BALLOT MEASURE	· · · · · · · · · · · · · · · · · · ·		<u> </u>
ony Rackauckas		IVAME OF E	PALLO I MEAGURE			
		<u> </u>			<u> </u>	
DFFICE SOUGHT OR HELD (INCLUDE LOCATION AND District Attorney County of Orange	ND DISTRICT NUMBER IF APPLICABL	E) BALLOT NO	D. OR LETTER J	URISDICTION		SUPPORT OPPOSE
ESIDENTIAL/BUSINESS ADDRESS (NO. AND STR	EET) CITY STATE	ZIP Identify t	he controlling officeh	older, candidate, or	state measure p	proponent,
telated Committees Not Included in	this Statement: List		OFFICEHOLDER, CANDID	ATE, OR PROPONENT		
ot included in this statement that are controlle ontributions or make expenditures on behalf o	d by you or are primarily formed to	o receive OFFICE SO	DUGHT OR HELD		DISTRICT NO. II	F ANY
OMMITTEE NAME	I.D. NUMBER				1	
AME OF TREASURER	CONTROLLED COMMITTI	7. Primaril which this	y Formed Commit committee is primarily	tee List names of off formed.	ficeholder(s) or ca	andidate(s) f
	☐ YES ☐ NO	which this	y Formed Commit committee is primarily	formed.	Ficeholder(s) or ca	<u> </u>
OMMITTEE ADDRESS STREET ADDRESS (☐ YES ☐ NO	which this	committee is primarily	formed.		SUPP
DMMITTEE ADDRESS STREET ADDRESS (☐ YES ☐ NO	NAME OF C	committee is primarily	OIDATE OFFICE SO		SUPP
OMMITTEE ADDRESS STREET ADDRESS ((NO P.O. BOX)	NAME OF C	OFFICEHOLDER OR CANE	OIDATE OFFICE SO	UGHT OR HELD	SUPP
OMMITTEE ADDRESS STREET ADDRESS ((NO P.O. BOX) ZIP CODE AREA CODE	NAME OF C	COMMITTEE IS PRIMARILY DEFICEHOLDER OR CAND	OIDATE OFFICE SO	UGHT OR HELD	SUP
OMMITTEE ADDRESS STREET ADDRESS (ITY STATE OMMITTEE NAME	(NO P.O. BOX) ZIP CODE AREA CODE	NAME OF C	OFFICEHOLDER OR CANE	OIDATE OFFICE SO	UGHT OR HELD	SUPF
	(NO PO. BOX) ZIP CODE AREA CODE I.D. NUMBER CONTROLLED COMMITTE YES NO	NAME OF C	OFFICEHOLDER OR CANE	OIDATE OFFICE SO	UGHT OR HELD UGHT OR HELD UGHT OR HELD	SUPPO

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

Type or print in ink.

Amounts may be rounded to whole dollars.

NAME OF FILER Anthony Rackauckas for District Attorney Column A Column B Calendar Year Summary for Candidates Contributions Received TOTAL THIS PERIOD CALENDAR YEAR Running in Both the State Primary and (FROM ATTACHED SCHEDULES) TOTALTO DATE General Elections -1.298.00 1/1 through 6/30 7/1 to Date 0.00 34,649.00 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 \$ ____ 20. Contributions -1,298.00 33,351.00 -1,298.00 <u>\$</u>____ Received 4. Nonmonetary Contributions Schedule C, Line 3 0.00 21. Expenditures 5,685.19 **\$** 0.00 33,351.00 Made Expenditures Made **Expenditure Limit Summary for State** 6. Payments Made Schedule E, Line 4 \$ _____\$ ____\$ **Candidates** 7. Loans Made Schedule H, Line 3 0.00 0.00 22. Cumulative Expenditures Made* 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 \$ _____ 28,185.19 28,185,19 (If Subject to Voluntary Expenditure Limit) 9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3 -22,500.00 39,829.62 Date of Election Total to Date (mm/dd/yy) 0.00 0.00 68,014.81 **Current Cash Statement** 12. Beginning Cash Balance Previous Summary Page, Line 16 \$ 32,149.21 To calculate Column B. add 13. Cash Receipts Column A, Line 3 above -1,298.00 amounts in Column A to the corresponding amounts 14. Miscellaneous Increases to Cash Schedule I, Line 4 0.00 from Column B of your last report. Some amounts in 15. Cash Payments Column A, Line 8 above 28,185.19 Column A may be negative 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 2,666.02 figures that should be subtracted from previous If this is a termination statement. Line 16 must be zero. period amounts. If this is the first report being filed 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ _____ for this calendar year, only 0.00 *Since January 1, 2001. Amounts in this section may be carry over the amounts different from amounts reported in Column B. **Cash Equivalents and Outstanding Debts** from Lines 2, 7, and 9 (if any). 18. Cash EquivalentsSee.instructions on reverse \$ 0.00 19. Outstanding Debts Add Line 2 + Line 9 in Column B above \$ 74,478.62 FPPC Form 460 (June/01) FPPC Toli-Free Helpline: 866/ASK-FPPC www.netfile.com

Schedule Monetary	A Contributions Received	Amour	pe or print in ink. nts may be rounded whole dollars.	Statement covers period		CALIFORNIA 46	
	ONS ON REVERSE			through06/30/2		Page4 of13	
NAME OF FILER Anthony Rac	kauckas for District Attorney					I.D. NUMBER 970780	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YE (JAN. 1 - DEC.	AR TO DATE	
03/08/2004	Committee to Elect Kelly MacEachern (#no ID per SOS)	D ND COM OTH PTY		-198.00	-19	98.00 PO6 0.	
03/08/2004	Mr. Allan H. Stokke	IND COM	Attorney Stokke & Riddet	-100.00	-10	00.00 P06 1,400.	
03/31/2004	CHG Safety Technologies Inc. Refund of September 2001 donation of \$1000	□ ND □ COM 図 OTH □ PTY □ SCC		-1,000.00	-1,00	00.00	
		COM COM COTH PTY					
		DIND COM OTH PTY SCC					
			SUBTOTAL S	-1,298.00			
Schedule /	A Summary				*Contri	butor Codes	

2. Amount received this period – unitemized contributions of less than \$100

3. Total monetary contributions received this period.

(Add Lines 1 and 2. Enter here and on the Summ

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

OTH - Other

PTY - Political Party

SCC - Small Contributor Committee

FPPC Form 460 (June/01) FPPC Toil-Free Helpline: 866/ASK-FPPC

Schedule B – Part 1		Type or print in ounts may be r		·	Statement co	vers period		DULE B-PART
Loans Received		to whole dolla				1/2004	CALIFORN FORM	460 ⁴⁶⁰
					110111	_,	CIXIVI	
SEE INSTRUCTIONS ON REVERSE					through 06/3	0/2004	Page 5	of13
NAME OF FILER							I.D. NUMBER	
Anthony Rackauckas for District Attorn	ney						970780	
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	OUTSTANDING BALANCE BEGINNING THIS	(b) AMOUNT RECEIVED THIS PERIOD	I OK FORGIVE	N CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF	(g) CUMULATIVE CONTRIBUTION
Tony Rackauckas/USAA		PERIOD		THIS PERIO	D PERIOD	PERIOD	LOAN	TO DATE
				0.0	0 8,022.00		15,000.00	CALENDAR YEAR
				\$FORGIVEN	- \$	0.00 % RATE	\$	s \$0.0c
		8,022.00	0.00					PER ELECTION**
TO IND COM SOTH PTY SCC		\$	\$	\$	DATE DUE	\$	02/15/2002 DATE INCURRED	\$
TonyRackauckas/FirstUSA		<u> </u>		PAID			ONE WOOLKED	CALENDAR YEAR
				0.0	0 26,627.00	0.00 👞	30,000.00	
				FORGIVEN	- \$	RATE	\$	\$ 0.00 PER ELECTION #
		26,627.00	0.00			0.00		PER ELECTION **
TO IND COM COTH PTY SCC		\$	\$	\$	DATE DUE	\$	02/15/2002 DATE INCURRED	s
		4.5		PAID				CALENDAR YEAR
		v.						
				FORGIVEN		RATE	. 5	PER ELECTION**
TO IND COM OTH PTY SCC		—	•——	\$	DATE DUE	\$	DATE INCURRED	\$
		SUBTOTALS \$	0.00	0.0	0 \$ 34,649.00	\$ 0.00		
Schedule B Summary						(Enter (e) on Schedule E, Line 3)		
1. Loans received this period					0.00			
(Total Column (b) plus unitemized loans	s less than \$100.)	•••••	*****************	··········· • —		-		rgiven or paid by
							another party	/ also must be
Loans paid or forgiven this period	A malet an familian N	•••••	•••••••••	\$	0.00	<u>.</u>	1	
(Include loans paid by a third party that		luia A \					** If required.	
3. Net change this period. (Subtract Line	2 from Line 1.)			NET \$	0.00	•		
Enter the net here and on the Summary	Page, Column A, Line 2.				May be a negative number)			
† Contributor Codes								
IND - Individual COM - Recipient Committee (ot	her than PTY or SCC) OTH ~	Other PTY – Po	olitical Party So	CC Small Co	ntributor Committee		FPPC For	m 460 (June/01)
www.netfile.com						FPPC To	II-Free Helpline	: 866/ASK-FPPC

Schedule E	
Payments Mad	le

NAME OF FILER

SEE INSTRUCTIONS ON REVERSE

Type or print in ink. Amounts may be rounded to whole dollars.

	SCHEDULE B
Statement covers period	CALIFORNIA 160
from 01/01/2004	FORM 400
through06/30/2004	Page6 of13
	I.D. NUMBER
	970780

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. CMP campaign paraphernalia/misc. MBR member communications RAD radio airtime and production costs CNS campaign consultants MTG meetings and appearances	nthony Rackauckas for District Attorney		970780
CTB contribution (explain nonmonetary)* CVC civic donations FL candidate filing/ballot fees FND fundraising events OFC office expenses FET petition circulating FHO phone banks FND polling and survey research OFC office expenses SAL campaign workers' salaries t.v. or cable airtime and production costs TRC candidate travel, lodging, and meals staff/spouse travel, lodging, and meals	campaign paraphernalia/misc. acampaign consultants campaign consultants contribution (explain nonmonetary)* civic donations candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)* legal defense MBR MTG OFC PET candidate filing/ballot fees PHO fundraising events independent expenditure supporting/opposing others (explain)* POS legal defense	mber communications etings and appearances ce expenses ition circulating one banks ling and survey research ttage, delivery and messenger services fessional services (legal, accounting)	RAD radio airtime and production costs returned contributions CAL campaign workers' salaries Lv. or cable airtime and production costs RC candidate travel, lodging, and meals RS staff/spouse travel, lodging, and meals transfer between committees of the same candidate/sponsory output from the contribution of the contribution

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Betty Presley & Associates, Inc.	PRO	600.00
Cingular Wireless	OFC	154.88
Cingular Wireless	OFC	149.03

*Payments that are contributions or Independent expenditures must also be summarized on Schedule D.

SUBTOTAL\$ 903.91

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) \$ 28,110.19

2. Unitemized payments made this period of under \$100 ... \$ 75.00

3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ 0.00

FPPC Form 460 (June/01) FPPC Toil-Free Helpline: 866/ASK-FPPC

Schedule E (Continuation Sheet) Payments Made	Type or print in ink. Amounts may be rounded to whole dollars.	Statement covers period from01/01/2004	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE NAME OF FILER Anthony Rackauckas for District Attorney		through06/30/2004	Page 7 of 13 I.D. NUMBER 970780
CODES: If one of the following codes accurately describes CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member communications MTG meetings and appearances OFC office expenses PET petition circulating PHO phone banks POL polling and survey research POS postage, delivery and messenger services PRO professional services (legal, accounting) PRT print ads	RAD radio airtime and production of returned contributions SAL campaign workers' salaries t.v. or cable airtime and production of returned contributions TRC candidate travel, lodging, and staff/spouse travel, lodging, a	uction costs meals and meals of the same candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CODE OR DESC	CRIPTION OF PAYMENT	AMOUNT PAID
Cingular Wireless	OFC		144.95

	ND ADDRESS OF PAYEE TEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Cingular Wireless		OFC		144.95
The Monaco Group		LIT		20,000.00
Southern CA County-by-County	Voter Handbook (#598019)	LIT	Slate Card	2,500.00
Cingular Wireless		OFC		142.65
Armstrong Printing & Graphics		LIT		802.74

^{*} Payments that are contributions or Independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$

23,590.34

Schedule E (Continuation Sheet) Payments Made	Type or pri Amounts may to whole o	be rounded					ALIFORNIA 460	
SEE INSTRUCTIONS ON REVERSE				through_	06/30/2004	Page8	8 of 13	
NAME OF FILER Anthony Rackauckas for District Attorney						I.D. NUMBE 970780	ĒR	
CODES: If one of the following codes accurately descr CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member con MTG meetings ar OFC office exper PET petition circu PHO phone banks POL polling and POS postage, de	nmunications and appearances ases ulating s survey researc	h senger services	RAD radio RFD retur SAL camp TEL t.v. o TRC cand TRS staff/ TSF trans VOT voter	be the payment. airtime and production of the contributions or aign workers' salaries or cable airtime and production of the cable airtime and producte travel, lodging, and spouse travel, lodging, after between committees or registration nation technology costs	uction costs I meals and meals s of the same		
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE O	R DI	ESCRIPTION OF P	AYMENT		AMOUNT PAID	
Christen Lee		WEB					137.50	
Laura Lee		WEB					329.90	
Laura Lee		CINS					1,500.00	
Christen Lee		WEB					500.00	
Laura Lee		CNS					1,000.00	

SUBTOTAL \$ 3,467.40

^{*} Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Schedule E (Continuation Sheet) Payments Made SEE INSTRUCTIONS ON REVERSE	Type or print in ink. Amounts may be rounded to whole dollars.	Statement covers period	CALIFORNIA FORM 460 Page 9 of 13
NAME OF FILER Anthony Rackauckas for District Attorney			I.D. NUMBER 970780
CODES: If one of the following codes accurately descril CMP campaign paraphemalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member communications MTG meetings and appearances OFC office expenses PET petition circulating PHO phone banks POL polling and survey research POS postage, delivery and messenger services PRO professional services (legal, accounting) PRT print ads	RAD radio airtime and production of RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production of the returned contributions TRC candidate travel, lodging, and the returned contributions	ction costs meals nd meals of the same candidate/sponso
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR I	DESCRIPTION OF PAYMENT	AMOUNT PAID
Cingular Wireless	OFC		148.5

SUBTOTAL \$

148.54

^{*} Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Schedule	Expenses	/1 lmm=!d	Dilla)
Accrued	expenses	tunbald	BIIIS)

CMP campaign paraphernalia/misc.

Type or print in ink. Amounts may be rounded to whole dollars.

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

Statement covers period CALIFORNIA **FORM** 01/01/2004 from through. 06/30/2004 Page 10 of 13 I.D. NUMBER

0.00\$

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Anthony Rackauckas for District Attorney 970780

MBR member communications RAD radio airtime and production costs CNS campaign consultants MTG meetings and appearances returned contributions CTB contribution (explain nonmonetary)* OFC office expenses campaign workers' salaries SAL CVC civic donations petition circulating t.v. or cable airtime and production costs candidate filing/ballot fees FIL PHO phone banks TRC candidate travel, lodging, and meals fundraising events FND POL polling and survey research TRS staff/spouse travel, lodging, and meals ND independent expenditure supporting/opposing others (explain)* postage, delivery and messenger services transfer between committees of the same candidate/sponsor **TSF** LEG legal defense professional services (legal, accounting) VOT voter registration campaign literature and mailings PRT print ads WEB information technology costs (internet, e-mail) (b) (a) (d) CODE OR NAME AND ADDRESS OF CREDITOR **AMOUNT INCURRED** AMOUNT PAID OUTSTANDING OUTSTANDING (IF COMMITTEE, ALSO ENTER I.D. NUMBER) DESCRIPTION OF PAYMENT **BALANCE BEGINNING** THIS PERIOD THIS PERIOD BALANCE AT CLOSE OF THIS PERIOD (ALSO REPORT ON E) OF THIS PERIOD Kay Rackauckas FND 167.04 0.00 0.00 167.04 Tim Dinh FND 220.00 0.00 0.00 220.00 Gilliard Blanning Associates, Inc CNS 4.500.00 4,500.00 0.00 0.00

Schedule F Summary

summarized on Schedule D.

* Payments that are contributions or independent expenditures must also be

- 1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for
- 2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on

SUBTOTALS \$

4,887.04 \$

3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and

0.00\$

4,887.04

Schedule F (Continuation Sheet) **Accrued Expenses (Unpaid Bills)**

Type or print in ink. Amounts may be rounded to whole dollars.

Statement covers period CALIFORNIA **FORM** 01/01/2004 through_ 06/30/2004 Page 11 of 13 I.D. NUMBER

970780

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Anthony Rackauckas for District Attorney

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc. MBR member communications RAD radio airtime and production costs

CNS campaign consultants MTG meetings and appearances RFD returned contributions

CTB contribution (explain nonmonetary)* OFC office expenses SAL campaign workers' salaries CVC civic donations petition circulating t.v. or cable airtime and production costs candidate filing/ballot fees

PHO phone banks candidate travel, lodging, and meals TRC staff/spouse travel, lodging, and meals FND fundraising events POL polling and survey research TRS ND

independent expenditure supporting/opposing others (explain)* postage, delivery and messenger services transfer between committees of the same candidate/sponsor TSF LEG

legal defense professional services (legal, accounting) VOT voter registration campaign literature and mailings

information technology costs (internet, e-mail) WER

LT Campaign iterature and mainings	PRI print ads		WEB information technology costs (internet, e-mail)			
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	
Taxfighters Voting Guide	LIT Slate Card	21,000.00	0.00	0.00	21,000.00	
The Monaco Group	LIT	30,224.43	0.00	20,000.00	10,224.43	
Kay Rackauckas	OFC	698.98	0.00	0.00	698.98	
Kay Rackauckas	OFC Visa reimb	325.29	0.00	0.00	325.29	
Southern CA County-by-County Voter Handbook (#598019)	LIT Slate Card	2,500.00	0.00	2,500.00	0.00	
Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS	\$ 54,748.70	\$ 0.00	\$ 22,500.00	\$ 32,248.70	

FPPC Form 460 (June/01) FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule F (Continuation Sheet) **Accrued Expenses (Unpaid Bills)**

Type or print in ink. Amounts may be rounded to whole dollars.

Statement covers period 01/01/2004 through. 06/30/2004

CALIFORNIA 460 **FORM**

Page ___ 12 of __13

I.D. NUMBER

970780

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Anthony Rackauckas for District Attorney

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events independent expenditure supporting/opposing others (explain)* LEG legal defense LT campaign literature and mailings	MBR member communication MTG meetings and appeara OFC office expenses PET petition circulating PHO phone banks POL polling and survey res POS postage, delivery and PRO professional services PRT print ads	nces earch messenger services	TRC candidate trave TRS staff/spouse tr TSF transfer betwe VOT voter registrati	butions kers' salaries time and production cost el, lodging, and meals avel, lodging, and meals en committees of the sar	ne candidate/sponsor
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Advanced E Media Inc	OFC	2,474.25	0.00	0.00	2,474.25
Kay Rackauckas	POS	144.78	0.00	0.00	144.78
Advanced E Media Inc	OFC	74.85	0.00	0.00	74.85

	Туре о	r print in ink.		SCHEDULE			
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)		may be rounded ole dollars.	Statem from	01/01/2004	CALIFORNIA 460		
SEE INSTRUCTIONS ON REVERSE NAME OF FILER			through_	06/30/2004	Page13 of	13	
Anthony Rackauckas for District Attorney					I.D. NUMBER 970780		
NAME OF AGENT OR INDEPENDENT CONTRACTOR Laura Lee							
CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events independent expenditure supporting/opposing others (explain)* LEG legal defense LT campaign literature and mailings * Payments that are contributions or independent expenditures must also	PRO professional se PRT print ads	appearances s ing vey research ry and messenger services rvices (legal, accounting)	RFD returned SAL campa TEL t.v. or TRC candid TRS staff/s TSF transfe	irtime and production of contributions ign workers' salaries cable airtime and producte travel, lodging, and couse travel, lodging, a restween committees egistration ation technology costs (uction costs meals and meals of the same candidate/sp	ponsor	
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	С	ODE OR	DESCRIPTION OF PAY	MENT	AMOUNT F	PAID	
	c	ODE OR	DESCRIPTION OF PAY	MENT			
(IF COMMITTEE, ALSO ENTER I.D. NUMBER)	c		DESCRIPTION OF PA	MENT		PAID 50.00	
(IF COMMITTEE, ALSO ENTER I.D. NUMBER)	c		DESCRIPTION OF PA)	MENT			

Attach additional information on appropriately labeled continuation sheets.

250.00

TOTAL* \$

^{*} Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E. www.netfile.com